		VITH
		TE PL NLY
7. S. No. 1	-	WRITE
V. S. No. 1	1	

	PLACE OF DEATH	STATE OF MARYLAND
	County Nanyll	CERTIFICATE OF DEATH
		Registration Dist. No. / 2
Vil	lage or City Sautsville (No.	St: Ward) (If death occurred in a hospitul or institution, give its NAME in
	2FULL NAME Allow Alo BL	Mugu stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2	Hall White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
8 (DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	Jan 19, 1931	1941. to affect 5, 1927,
	(Month) (Day) (Year)	that I last saw h MM alive on College A. 1927,
	If LESS than I dayhrs.	and that death occurred on the date stated above, at 1 m. The CAUSE OF DEATH * was/as follows:
	yrs. mos. / ds. or min.?	Levas humania
g	OCCUPATION 1.	
1.7	a) Trade, profession or	
P	articular kind of work	
) P	o) General nature of industry	6.
(t		(Duration) yrs. mos. 5 ds.
P (lab)	b) General nature of industry usiness, or establishment in which employed or (employer)	(Duration) yrs. mos. 5 ds. Contributory Secondary
(laborated	b) General nature of industry usiness, or establishment in which employed or (employer)	Contributory
P (laborated)	b) General nature of industry usiness, or establishment in which employed or (employer)	Contributory Secondary
9 B	O) General nature of industry usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	Contributory Secondary (Durstion) yrs mosn de.
P (lb)	o) General nature of industry usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) MA 12 STATE 13 STATE 14 STATE 15 STATE 16 STATE 17 STATE 18 STATE 18 STATE 19 STATE 19 STATE 10 STATE 10 STATE 11 STATE 11 STATE 12 STATE 13 STATE 14 STATE 15 STATE 16 STATE 17 STATE 18 STATE 18 STATE 18 STATE 19 STATE 19 STATE 10 STATE 10 STATE 10 STATE 10 STATE 11 STATE 11 STATE 12 STATE 13 STATE 14 STATE 15 STATE 16 STATE 17 STATE 17 STATE 18 STATE	Contributory Secondary (Durstion) (Signed) M. D.
(laborated	o) General nature of industry usiness, or establishment in which employed or (employer) IRTHPLACE (State or country) IO NAME OF FATHER II BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER OF MOTHER OF MOTHER Well A Leyeno Leyeno	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Address) (Address) (Signed) (Address) (Address) (Signed) (Address) (Address) (Address) (Signed) (Address) (Address) (Address) (Address) (Signed) (Address) (Add
ARENTS MG G	D) General nature of industry usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	Contributory Secondary (Durstion) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Signed) (Address) (Address) (Address) (Address) (Signed) (Signed) (Address) (Ad
PARENTS 6	o) General nature of industry usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 MAIOEN NAME OF MOTHER (State or Country)	Contributory Secondary (Durstion) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Address) (Address) (Address) (Address) (Accidental, Suicidal or Homicidal. (Signed) (Alphanama (2) (Signed) (Signed) (Address) (Ad
PARENTS & 6	b) General nature of industry usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country)	Contributory Secondary (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or
PARENTS RE 6	o) General nature of industry usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 MAIOEN NAME OF MOTHER (State or Country)	Contributory Secondary (Durstion) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Address) (Address) (Signed) (Address) (Address) (Durstion) (Durstion) (Man) (Signed) (Signed) (Address) (Signed) (Address) (Address) (Acath, or, in deaths from and (2) Whether and (3) Whether and (
PARENTS RE 6	D) General nature of industry usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 MAIOEN NAME OF MOTHER (State or Country) 15 BIRTHPLACE OF MOTHER (State or Country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	Contributory Secondary (Durstion) (Signed) (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence
PARENTS PARENTS	D) General nature of industry usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEOGE (Informant)	Contributory Secondary (Durstion) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory affection need not be valvular Nomenclature heart Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

back

importa

1	1	
(M	1
1	63.	/
1		

PLACE OF DEATH STATE OF MARYLAND County Garrela CERTIFICATE OF DEATH Registration Dist. No. (If death occurred In Ward) a hospital or institution, give its NAME Is -stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF MARRIED, Marie WIDOWED. OR DIVORCED (Write the word) That I attended the deceased from (Month) (Day) (Year) 7 AGE Ilf LESS than and that death occurred on the date stated above. I day hrs. The CAUSE OF DEATH * was as follows: or min.? B OCCUPATION (a) Trade, profession or articular kind of work b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Durstion) 10 NAME OF (Signed) FATHER (Address) 11 BIRTHPLACE OF FATHER ENT *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME AR 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans 0 ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death ... (State or Country) Where was disease contracted, if not et plece of dee.h?.. Former or usuel residence.

If more blanks are needed, addre.s, tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrer

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, household only (not paid Housekeepers who receive a etc., applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Worn-(b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; ChronicExample: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.

V. S. No. 1

PLACE OF DEATH	04647 STATE OF MARYLAND
County of average	CERTIFICATE OF DEATH Registration Dist. No. / 7 0
Village or City Carellon (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Michael Mes	tion, give its NAME is a stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Alute (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH 3, 1862	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h malive on Manh 1927,
l day hrs	The state of the s
O yyrs. 5 mos. 5 ds. or min.	Brancho meumana
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	\$
which employed or (employer)	(Duration) yrs, moe da.
9 BIRTHPLACE (State or country)	Contributory Secondary Duration) yrs mos ds,
10 NAME OF Michael Durst	(Signed) 1. 14. Davis M. D.
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME A OF MOTHER PO A LOS POLAS LOS	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place of death
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) 4 - Villamona Nurse	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Willow MO	Mix 2000 april 11, 1931
Filed Apr 11- 1921 Met B Brown Registrar	LEOUNDERTAKER KAPPRESS
If more banks are needed, address thate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, (b) For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman, For persons who have no occupation Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only, definite synonym is "Epidemic cerebrospinal mentagitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

8

PLAC	CE OF D	FATH
	6/ 1	and.
County	200	rule.

(4645

STATE OF MARYLAND CERTIFICATE OF DEATH

1.	Registration Dist. No. 161
Village or City trundsville (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Theredeville Well (Month) 16 (Day) 931 (Year)
6 DATE OF BIRTH July 28, 1852 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 192 192 192 192 192 192 192 192 192
7 AGE (Month) (Day) (Year) 7 AGE S S Mos. S If LESS that I day hr. or min. or min.	The CAUSE OF DEATH * was as follows;
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Ganeth Co. Mod 10 NAME OF FATHER Christian Fike 11 BIRTHPLACE OF FATHER (State or country) Many Corrections of Mother Of	(Signed) *State the Disease Causing Death, or, in deaths frem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos. ds. State yrs mos ds. Where was disease contracted, a place if not at place of death?
(Informant) Clarince Fike (Address) Friendeville The	Former or usual residence usual 19 PLACE OF BURIAL OR REMOVAL Mill-Run Cem. Date Of BURIAL Apr. 18, 19.31
	20 HODEBTAKER ADDRESS

Registrar O. France Brandowelle

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1 West bec

V. S. No. 1

m

Filed W

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) without more precise specification as Day (b) Automobile factory. The material Salesman. 6 The ques-Grocery;

Stetement of Cause of Death—Name, first, the DISEAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suncide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJULY Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, ingineer, Stationary froman, etc. But in many For many occupations a without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the single word or term on 6 Grocery;

Strtement of Cause of Death—Name, first, the Disternation of Cause of Death—Name, first, the Disternation of Cause of Death—Name, first, the Disternation of Causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan he ascertained as the cause. Always qualify all Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonasum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train taken. For VIOLENT DEATHS state MEANS OF INJULY tions, such as "Asthenia," "Anaemia" (merely symptom-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) affection need Chronic valvular heart etc. The contributory Nomenclature of the not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

VED FOR BINDING	(1	
-THIS IS A PERM. INT ECORD	M)	
pplied. ACE should be stated EXACTLY, PH	HYSI-	
erms so that it may be properly classified. Exact	Exact	
instructions on back of certificate.		

County Servett Village or City Fried Price of City Fried Price of County State of City Fried Price of Cit		PLACE OF DEATH	STATE OF MARYLAND
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED MINORED WIDOWED WITH While (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decaysed from I was a follows: 18 January MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) 19 I HEREBY CERTIFY, That I attended the decaysed from I was a follows: 19 January MEDICAL CERTIFICATE OF DEATH (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decaysed from I was a follows: Market Miles Medical Certificate of Laying (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decaysed from I was a follows: Medical Certificate of Laying (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decaysed from I was a follows: Market Miles Medical Certificate of Laying (Month) (Mo		County Sarrett	CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED MINORED WIDOWED WITH While (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decaysed from I was a follows: 18 January MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) 19 I HEREBY CERTIFY, That I attended the decaysed from I was a follows: 19 January MEDICAL CERTIFICATE OF DEATH (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decaysed from I was a follows: Market Miles Medical Certificate of Laying (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decaysed from I was a follows: Medical Certificate of Laying (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decaysed from I was a follows: Market Miles Medical Certificate of Laying (Month) (Mo	1	To Topindaville and R Fix #1	
SEX 4 COLOR OR RACE BINGLE MARRIED, WIDOWED OR DIVORCED Science 6 DATE OF BIRTH My 4 M 1928 (Month) (Day) (Year) 7 AGE IFLESS than Iday hrs. 10 COCCUPATION (A) Trade, profession or dupant particular kind of work (b) General nature of industry dupant business, or establishment in which employed or (employer) 10 NAME OF FATHER C (State or country) 11 BIRTHPLACE OF FATHER C (State or or of the control of the cont	V	2FULL NAME Garrol Edward 4	St.: Ward) St.: Ward) A hospital or Institution, give its NAME Isstead of street and number.)
S SEX 4 COLOR OR RACE MARIED. WILDOWERCED WILDOWER WHAT A SEASON WILDOWER WILDOWER WILDOWER WILDOWER WILDOWER WHAT	=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
17 I HEREBY CERTIFY, That I attended the decepted from march 19th 1928. 18		MARRIED, WIDOWED.	16 DATE OF DEATH april 12th, 1981
TAGE Contributory Contributory	6	my 4th , 1928	17 I HEREBY CERTIFY, That I attended the deceased from march 19th 1931 to ofine 12th, 1931.
(a) Trade, profession or aparticular kind of work (b) General nature of industry dufant which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 WAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country) MAND Accidental, Suicidal or Homicidal. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)		2 yrs. 10 mos. 2.7 ds. 1 day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
Registrar Gon & Promes, Evenuerous	PARENTS 6	(a) Trade, profession or particular kind of work (b) General nature of industry dufant business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Manyland 10 NAME OF FATHER Owal & Annual 11 BIRTHPLACE OF FATHER (State or country) Manyland 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) Manyland 14 DO NOTHER (State or Country) Manyland 15 BIRTHPLACE OF MOTHER (State or Country) Manyland (Address) Juilendsmill Manyland (Address) Juilendsmill Manyland (Address) Juilendsmill Manyland	Contributory Secondary (Duration) (Signed) (Signed)
	=	Registrar	

S. No. 1

(Approved by U.S. Census and American Public Health Association.)

er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e.g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Spinner, (b) Colton mill; (a) nature of the business or industry, and therefore an Physician, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, whatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day Compositor, Architect, who are engaged in the duties of the Stationary fireman, etc. For persons who have no occupation (b) Automobile factory. The materia Salesman, (b) Coal mine, etc. not gainfully em-But in many Grocery, Wom-

Str: tement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchasteumonia ("Pneumonia")

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Traemia," "Weakness," etc., when a definite disease "E:haustion," "Heart Lanux," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthonia," "Anaemia" (merely symptom-(secondary Whooping carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underapproved by Committee on Nomenclature tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY (Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Iaemorrhage, Chronic valvular heart disease, Example: Measles (disease affection need etc. The contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	14651 STATE OF MARYLAND
County Sanel	CERTIFICATE OF DEATH
	Registration Dist. No. / 62
0, -, -, -, -, -, -, -, -, -, -, -, -, -,	Registration Dist. No.
Village or City Y Saulsville (No.	St.: Ward) (If death occurred In a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME Cuna Olizabella	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE,	16 DATE OF DEATH
WIDOWED MASURES	199 francisco
Offmare (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Mar 15 . 1866	1925. to Man 19271.
(Month) (Day) (Year)	that I last saw he alive on last the time, 1927 ,
7 AGE If LESS than	and that death occurred on the date stated above, at 5 100 2 m.
6- 5- /2 Iday_hrs.	The CAUSE OF DEATH * was as follows:
6 yrsds. ormin.?	Cuera raemoniage
a occupation (a) I rade, profession or	
particular kind of work Naute Water	1 ₁
(b) General nature of industry	(0.4)
which employed or (employer)	(Durstion) yrs. mos. da.
9 BIRTHPLACE	Contributory O Secondary
(State or country)	(Dyration) yrsds.
10 NAME OF O TO	(Signed) A. R. Davis M. D.
FATHER Palsich Warsey	04.72521 211. +1.51/2
O 11 BIRTHPLACE OF FATHER	A 1977 (Address) Double on In deathe from
Z (State or country)	*State the Usease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER OLD IL Churcher	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER MACH	At place of deathyrsmosds. Stateyrsmosds.
(State of Country) A THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Is is Joseph of abell	usual residence
A day to ville	19 PLACE OF BURIAL OR REMOVAL
(Address) A Man Man	Syrandsville uput h 1991
15 51 1 1/2 78 1031 & 740 Dill	20 UNDERTAKER ADDRESS
Filed Up 28 1921 Registras	m Menterbus Spantsville
If more blanks are needed, addre.s tate Negistra	r, 16 W. Saratoga St., Balto., Requesting V. S. I.o. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia. nature of the husiness or industry, and therefore an state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, er," etc., without more precise specification as Doy laborer, Form laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (no or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on who are engaged in the duties of the For persons who have no occupation Stationory fireman, etc. But in many As examples: (o)

s. inal meningitis"); Dinhtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same dise_se. Examples: Cerebrospindle to time and causation), using always the same accept, EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchoppeumonia ("Pneumonta,

> American Medical Association.) "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," st_ted unless important. inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentclanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "E.:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-Whooping cough; (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by rollway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Nomenclature of the Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

If this certificate is looked over thoroughly and a'l questions anawered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

	PLACE OF DEATH	0465 STATE OF MARYLAND
	County Cy arren	CERTIFICATE OF DEATH
	0 - 11	Registration Dist. No. 162
	Village or City A Saulsvillano.	St.: Ward) (If death occurred in a hospital or institu
	2FULL NAME William of 1	tion, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED Words or DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1921: to And I all 1921 that I last saw h Maralive on And 3 1921
	7 AGE If LESS than	and that death occurred on the date stated above, at 2,00 G m.
	7 // > I dayhrs.	The CAUSE OF DEATH & was as follows:
	yrsds. ormin.?	(Influorollerans
1	(a) Trade, profession or Harricular kind of work	Chrame Valvalar
	(b) General nature of industry	A. A
4	business, or establishment in which employed or (employer)	(Duration)ds.
	9 BIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF	(Duration) yrs mos de
	FATHER CONTACT SULS	(Signed) M. D. While Signed M. While Sign
	OF FATHER Z. (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Mulsuaww	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos ds. State yrs mos ds.
	(State or Country) Washington	Where was disease contracted, if not at place of deah?
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
Щ	(Informant) Is of Coyal William	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1	(Address) Alsantaville	accident april 6, 1931
	Filed apr 5 1931 DA Registrar	Jun Wighter berg Spanteville
	If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, Compositor, Architect, Locomolive engineer, (b) For persons who have no occupation Automobile factory. The material As examples: (a) (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"(Exhaustion," "Heart Immure,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature of the cough; "Congenital," "Senile," etc.), "Dropsy,
""Heart failure," "Haemorrhage, Chronic Example: Measles (disease valvular heart disease; etc. The contributory Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is bermanently filed.

7	xact	PLACE OF DEATH		MARYLAND
1	4 . 1	County Garrett	CERTIFICAT	E OF DEATH
M)	fled.	Village or City (Brungsd. 4) 1/01	Registration	Dist. No. 167
ECORD	EXACTL) ity classifil	A	nlin St: War	d) (If death occurred line hospital or institution, give its NAME in stead of street and number.)
	oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
N ENG	ld be st ny be pr ack of	Jemale While Single, MARRIED, WIDOWED, OR DIVORCEO (Write the word)	16 DATE OF DEATH (Month)	£9-, 193 /
A PER	SE shoul nat it ma ons on b	6 DATE OF BIRTH Whil 10 29-, 1931	that I last saw h. L. allve on A	tended the deceased from
FOF S IS	No th	7 AGE (Monta) (Day) (Year'	and that death occured on the date stated	above, at 10.0. m
O. H.	ms s ms str	yrs. mos. 19 ds. or min.	The CAUSE OF DEATH * was as follows:	
ERVE NKT	y supplied the series	(a) Trade, profession or particular kind of work	Oulmone It	ense
RESI NG IN	refuil In pla rtant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)	yra
GIN	be ca EATH impo	9 BIRTHPLACE (Ntate or country)	Centributory Secondary	
MAR	OF DE	TO NAME OF M. T. Hanlin	(Signed) W. Y. Duration)	waler, M.D.
VITH	S S S	OF FATHER Z (State or country) W. Va	*St.te the Disrase Causing Death Violent Caus, state (1) Means of 1	nania ky ke
LY	rmation te CAU	of Mother Bertha Becker	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For floop ients or Recent Residents)	
	f Inform d state occup.	13 BIRTHPLACE OF MOTHER (State or country) WWA .	At place of death yrs	teyrsmosds.
TE P	m o hou	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
WRI	Every Ite CIANS S statemer	(Address) Bayard Willa	19 PLAGE OF BURIAL OR REMOVAL	DATE OF BURIAL
1	CIA	15 Filed Opril 30,1921. Virginia M. Harve	29 UNDERTAKER	ADDRESS (10 3.1.
(1)	Z.	Registra)	16 W Saratora St. Balto Requesting V	Colon, wea

11

1. S. No. 1

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescontion is very important, so that the relative health Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, en at home, we are engaged in the duties of the er," etc., without more precise specification as Doy worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only and paid Housekeepers who receive a tired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enwhatever, write None. business, that fact may be indicated thus; Farmer (fee Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on 10 Farm leborer, (b) Collon mill; (a) At Home, and children, not gainfully em-(b) Automobile factory. The material Loborer-Coal mine, etc. Wom-Salesman. Locomolive engineer, (6) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. E.:amples: Cerebros pinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> Itelanus) may be stated under the head of "contributory" inges, perilonaeum, etc., Carcinoma, Sarcoma, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"(Recommendations on statement of cause of diseases resulting from childbirth or miscarriage as "PJERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy" "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary Chrocic interstitial nephritis, Myoohno State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ull "Uraemia," "Weakness," etc., when a definite disease approved by Committee on carbolic acid-probably suicide. The nature of the injury aecident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely American Medical Association.) Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJULY or intercurrent) affection need not be cough; Chronic valvular heart disease; etc. Nomenclature The contributory etc., or of the

If this certificate is I oked over thoroughly and all querons answered in detail, it will prevent further correspondence. the data is essential and must be obtained before the certificate is permanently filed. If this certificate is I oked over thoroughly and all que fons

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Autoriocologogia	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1928	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Physician, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report household only (not paid Housekeepers who receive a Laborer, Foreman, (b) For many occupations a single word or term on or At Home, and children, Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day specifically the occupations of persons en-Compositor, Architect, For persons who have no occupation Automobile factory. The material Laborer--Coal mine, etc. Wom-Locomotive not gainfully em-6 The quesengineer, Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

State of the said of

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, (secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid approved by accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) peritonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, Committee on Chronic Carcinoma, Sarcoma, etc., of Example: Measles (disease chopneumonia (secondary), etc. The contributory valvular heart disease; Nomenclature Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	0465% STATE OF MARYLAND
County Garrett	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Hreedsvillehono	St: Ward) (If death occurred in a hospitual or institution, give its NAME in stead of street an
2FULL NAME ZOUR XVV	unger stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. The MIDOWED. The WIDOWED. (Write the word)	16 DATE OF DEATH Office 8th, 1981
Musch 16, 1863 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930. to office 7th, 1931. that I last saw how alive on office 7th, 1931.
7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or Journal Wife (a) Articular kind of work	Hoolie Gusufficency
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 1 yrs mos ds
9 BIRTHPLACE (State or country) Mine Purch	Contributory / Contributory Secondary Secondary Jyrs mos de
10 NAME OF Salam Harmon	(Signed) H. G. Nedrow M. D.
11 BIRTHPLACE OF FATHER (State or country) VIII SIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sucidal or Homicidal.
of MOTHER Sarah Burkholde	8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs d. mos. de. State Tyrs mos. de
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, accident mod
(Informant) - Allana Jerringer	Former or usual residence usual parte of Burial DATE OF BURIAL
(Address) Freudouffen	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 13 Illingen Amy 1/193
Filed apr. 10 1931 Jospen Guard Registrar	20 UNDERTAKER Janapel Frenchon
If more bianks are needed, address State Registra	ur, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	V

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specimenal laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement whatever, write None. For many occupations a single word or term on Locomotive engineer,

Statement of Cause of Death—Name, first, the DEE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ras fracture of skull, and consequences (e. g., sepsis, American Medical Association.) (Recommendations on statement of cause of approved by Committee on Nomenclature stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid - probably suicide. The n. ture of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Tnanition," "Marasmus," "Old Age," "Shock," assident; Revolver wound of head—homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) Chronic valvular heart disease; affection need etc. The contributory not be

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

7

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

¢	ŧ	18	6	•	100	
Ę	7	4	()	0	8

1. PLACE OF DEATH			(82-0)			
County			Registration Dist. No.			
Village or City	eath occurred	(1) yrs,mos	No. St.,	Ward		
2. FULL NAME	liot. It	nh .				
(a) Residence: No.	(Usual place o		St., Ward. If nonresident give city or town and	State		
PERSONAL AND STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)			21. DATE OF DEATH	, 193		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	may	Lish	22. I HEREBY CERTIFY, That I ettended			
6. DATE OF BIRTH (month, day, and year)	, 3, 10	20	I last saw h elive on, 19			
7. AGE Years Months	Days 6	If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			Paralysia Gerberal Mamouragus	Date of onset		
10. Date deceased last worked at this occupelion (month end year)	11. Total tim spent occup	ne (yeers) t In this pation				
12. BIRTHPLACE (city or town)	~ ~ ~ ~ ~	2771	Other Contributory Causes of Importance:			
13. NAME	d ah	*				
14. BIRTHPLACE (city or town) (State or country)	• • • • • • • • • • • • • • • • • • • •		Name of operetion Dete of What test confirmed diegnosis? Wes there en a			
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date			23. If death was due to externel ceuses (VIOLENCE) fill in also the following Accident, suicido, or homicide? Dete of injury	:		
			Where did Injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	e)		
			Menner of injury			
19. UNDERTAKER (Address)			24. Was disease or Injury In any way related to occupation of deceased? If so, specify			
20. FILE # 10, 1931, Jul	is/ou	Registrar.	(Signed) Cake Minetage (Address) Oak Daniel	M. D		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Example Example	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 10 193	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUREAU V.S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
J 2	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

64658

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

A S	Registration Dist. No.
Village or City Kernestynes.	St.: Ward) (If death occurred is a hospital or institution, give Ita NAME in steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Thereby 4 color or RACE MARRIED, Swape Wildowed, OR BIVORCED (Writs the word)	16 DATE OF DEATH 4 24 7, 198 } (Month) (Day) (Year)
12 - 9 - , 192 c (Month) (Day) (Year	that I last saw har zelive on 1950
7 AGE If LESS than	and that death occured on the date stated above, at 4.35 m.
yrs mos de ormin.?	The CAUSE OF DEATH * was as follows:
COCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country) Bases & 715 To	Contributory . Secondary (Durstion) yrs. mos. de
FATHER Charles Weller	(Signed) Coward & Soldans
OF FATHER (State or country)	*State the Discase Causing Death, of In deaths from Violent Caus.s, state (1) Means of Injury and (2) whather Accidental, Suicidal or Homicidal.
of Mother Oling Wellers	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Wescaffield & La	At place In the of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Tonton (1) eller	Former or usual residence
(Address) Arraton Vo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed april 251923 Virgnia M. Harvey	20 UNDERTAKER ADDRESS Thomas WV

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

J. S. No.

Every Item of

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an eases, especially in industrial employments, it is necesor given up on account of the DISEASE CAUSING DEATH. definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. Civil engineer. Stotionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g.. Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Lianager," "Dealworked on may form part of the second statement. Housemaid, etc. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, without more precise specification as Day For persons who have no occupation (5) If the occupation has been changed Automobile factory. The material Laborer--Coal mine, etc. not gairfully em-(b) Grocery, Wom-

Statement of Cause of Death—Name, first, the pistasse Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebroquial fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"; obar procession. Bronchopmensonia ("Pneumonia.")

"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptoincausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease stated unless important. Whooping cough; curonic Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. accident; Revolver would of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Chronic The nature of the injury, valvular heart diseuse; ete. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions enswered in defail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

MAY 5

PLACE OF DEATH	14650
	STATE OF MARYLAND
County Garrill	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Oakland Mg (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME	Reams) tion, give its NAME its stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Thurst White WIDOWED. Still OR DIVORCED Bosse	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
agrit 5th , 1931	april 5th 1981 april 5th 1951,
(Month) (Day) (Year)	that I last saw h Stepher Darke , 1921,
7 AGE 14 . If LESS than	and that death occurred on the date stated above, at 8 A m.
AGE Still barrens It LESS than I day	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	Tunature Detachment of Placent
OCCUPATION (a) Trade, profession or blell born	4
particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs. mos ds,
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs I mos ds.
10 NAME OF HARRY STEVEN REGULAS	(Signed) M. O. Medrow M. D.
10 11 BIRTHPLACE	april 5th 1981 (Address) freudsylle mo
OF FATHER (State or country) Dray Land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER NEW Lighth Bettinger	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Waryland	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
(Informant) Horry Miterales Reacus	Former or usus! residence
(Address) Oakland Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Spril 6 1931
15 Filed pril 6 193 Julia Rowan Registrar	Varry Mc Tinley Prans Cakland
If more blanks are needed, address State Registrar	, 16 W. Savatoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise speciments with laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the Jousiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from hou ehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement business, that fact may be indicated thus; Farmer (or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. Housemaid, etc. If the occupation has been changed For many occupations a single word or term on Grocery;

Strtement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-spinul fever (the only definite synonym is "Epidemic cerebro-spinul meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus,
"ITraemia," "Weakness," etc., when a definite disease "Enfaustion," "Heart Imms," "Old Age," "Shock," "Transition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Iaemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY # 1931	July 5,1927	Perilonitis	3 days ago
	BULLDAU			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gasiroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from , nature of the husiness or industry, and therefore an additional line is provided for the latter statement; it tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken cn at home. worked on may form part of the second statement. Never return 'Laborer," "Forcman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, f these of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only anot paid Housekeepers who receive a laborer. Physician, tion is very important, so that the relative health Foreman, engineer, Stationary firemon, etc. But in many For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-(b) Cotton mill; (a) without more precise specification as Day Compositor, Architect, W (b) Automobile factory. The material For persons who (a) the kind of work and also (b) the are engaged in the duties of the Salesman, -Coal mine, ctc. Womhave no occupation Locomotive engineer, not gainfully em-6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PJERPERAL septicaemia," ""DERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, tetanus) may be stated under the head of "contributory" as fracture of skull, and consequences (e. g., sepsis. carbolic acid-probably suicide. The nature of the injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. (secondary Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Comnittee on Nomenclature (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, death), 29 ds.; Bronchopneumonia (secondary), or intercurrent) Chronic etc. affection valvular heart The contributory Always qualify all need not be Measles; disease; etc., or

If this certificate is loked over thoroughly and a I questions answered in defail, it will prevent further correspondence. the data is essential and must be obtained before the certificate is permanently filed.

N		r, PHYSI- ed. Exact
(1)	INTECORD	e stated EXACTL e properly classifi
BINDING	PERMA	should b
SERVED FOR BINDING	INKTHIS IS A PERMA INT ECORD	illy supplied. ACE should be stated EXACTLY, PHYSI- olain terms so that it may be properly classified. Exact f. See instructions on back of certificate

2FULL NAME Paul F Mornas 2FULL NAME Paul F Mornas PERSONAL AND STATISTICAL PARTICULARS 3 BEX 4 COLOR OR RACE 5 SINGLE. MARRIEG. Wilder 6 DATE OF BIRTH 7 AGE 16 DATE OF DEATH 17 HEREBY CERTIFY, That I stended the deceased for min. 18 J. Mos. 7 ds. or min. 19 J. Mos. 7 ds. or min. 19 J. Mos. 17 ds. or min. 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MADDEN NAME 12 MADDEN NAME 13 MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH 17 J. HEREBY CERTIFY, That I stended the deceased for min. 17 J. HEREBY CERTIFY, That I stended the deceased for min. 18 J. Mos. 7 ds. or min. 19 J. Mos. 7 ds. or min. 19 J. Mos. 10	PLACE OF DEATH	STATE OF MARYLAND
Village or City Alack (No. St.: Ward) (If death occurres a hospital or a live it and a street in the street of street in the s	County Durrette	CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS BEX 4 COLOR OR RACE SINGLE MARRIED WIDNES MODICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 17 I HEREBY CERTIFY, That I guended the deceased for min. 7 AGE (Month) (Day) (Year) (Month) (Day) (Year) That I last saw h malive on April 30 (Year) (Month) (Day) (Year) (Month) (Day) (Year) That I last saw h malive on April 30 (Year) (Month) (Day) (Year) The CAUSE OF DEATH ** was as follows: DEATH OF MONTH OF	016	(67) Registration Dist. No. 461
PERSONAL AND STATISTICAL PARTICULARS 3 BEX 4 COLOR OR RACE MARRIED Whate Whate Bingle Whote Whowed Whete the word) (Month) (Day) (Year) 7 AGE If LESS than Iday has Iday has Iday has OCCUPATION (a) Trace, profession or Pacific and the dest of stated above, at Marking of work (b) General nature of industry putatines or establishment in which employed or (employer) D BIRTHPLACE (State or country) 10 AMB OF FATHER (State or Country) 11 BIRTHPLACE (State or Country) 12 MAIDEN NAME (State or Country) 13 BIRTHPLACE (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) PATHER (Address) MARRIED MARINED MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH 30 (Month) (Work) (Month) (Month) (Work) (Month)	Village or City Whatle (No.	a nospital of institut
3 BEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH 17 (Month) (Day) (Year) (Month) (Day) (Year) The CAUSE OF DEATH * was as follows: 18 JUNE OF DEATH * was as follows: 19 JUNE OF DEATH * was as follows: 19 JUNE OF DEATH * was as follows: 10 OCCUPATION 11 JUNE OF DEATH * was as follows: 12 JUNE OF DEATH * was as follows: 13 JUNE OF DEATH * was as follows: 14 JUNE OF DEATH * was as follows: 15 JUNE OF DEATH * was as follows: 16 DATE OF DEATH * was as follows: 17 JUNE OF DEATH * was as follows: 18 JUNE OF DEATH * was as follows: 19 JUNE OF DEATH * was as follows: 10 NAME OF FATHER 11 JUNE OF JUNE OF DEATH * was as follows: 11 JUNE OF JUNE OF DEATH * was as follows: 12 JUNE OF DEATH * was as follows: 13 JUNE OF JUNE OF DEATH * was as follows: 14 JUNE OF JUNE OF DEATH * was as follows: 15 JUNE OF DEATH * was as follows: 16 DATE OF DEATH * was as follows: 17 JUNE OF DEATH * was as follows: 18 JUNE OF JUNE OF DEATH * was as follows: 19 JUNE OF JUNE OF DEATH * was as follows: 10 DUNING OF JUNE OF DEATH * was as follows: 10 DUNING OF JUNE OF DEATH * was as follows: 10 DUNING OF JUNE OF DEATH * was as follows: 11 JUNE OF DEATH * was as follows: 12 JUNE OF DEATH * was as follows: 13 JUNE OF DEATH * was as follows: 14 JUNE OF DEATH * was as follows: 15 JUNE OF DEATH * was as follows: 16 DATE OF DEATH * was as follows: 17 JUNE OF DEATH * was as follows: 18 JUNE OF DEATH * was as follows: 19 JUNE OF DEATH * was as follows: 10 DUNING OF DEATH * was as follows: 11 JUNE OF DEATH * was as follows: 12 JUNE OF DEATH * was as follows: 13 JUNE OF DEATH * was as follows: 14 JUNE OF DEATH * Was as follows: 15 JUNE OF DEATH * was as follows: 16 DATE OF DEATH * was as follows: 17 JUNE OF DEATH * Was as follows: 18 JUNE OF DEATH * Was as follows: 19 JUNE OF DEATH * Was as follows: 10 DUNING OF DEATH * Was as follows: 10 DUNING OF DEATH *	2 FULL NAME Paul F Thomas	stead of street and
Male Whate Whote Moderate Control of the state of the sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
AGE (Month) (Day) (Year) (Month) (Day) (Year) (The St than I last saw has alive on Agus and that death occurred on the date stated above, at and that death occurred on the date stated ab	MARRIED, WIDOWED. OR DIVORCED	16 DATE OF DEATH 30 , 198/
(Month) (Day) (Year) TAGE (Month) (Day) (Year) (Month) (Day) (Par) (Month) (Day) (Day) (Duralion) (Durali	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
and that death occurred on the date stated above, at so that day has, or min.? S	Dec 13, 19/2	1981 to The 80 , 1981,
Document		
OCCUPATION (a) Trade, profession or Hanney particular kind of work (b) General nature of industry pusiness, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) MANUALLY (Signed)	The particular of the same	
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME (State or country) 13 BIRTHPLACE (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) MANUALLY ADDRESS (ADDRESS (AD		
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF LECTOR (Signed) ADDRESS (Signed) ADDRESS (Signed) ADDRESS (Signed) ADDRESS (Signed) ADDRESS (Signed) ADDRESS (Address)	OCCUPATION (a) Trade, profession or Hanner	Sucide by Shooting
Shirthplace (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address) MANDELLA MAN	(b) General nature of industry	
Secondary Contributory Signed Contributory Signed Contributory Signed Contributory Signed Contributory Signed Contributory Signed Contributory Signed Contributory Signed Contributory Signed Contributory Signed Contributory Signed Contributory Signed Contributory Signed Contributory Signed Contributor Contributor Contributor Signed Contributor Contrib		(Duration)yremosde.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) MANNE Jerry *State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) A THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) MANNE Jerry *State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) Where was disease contracted, if not at place of death? Where was disease contracted, if not at place of death? Where was disease contracted, Institutions, Trients or Recent Residents Where was disease contracted, Institutions, Trients or Recent Residents Where was disease contracted, Institutions, Trients or Recent Residents Where was disease contracted, Institutions, Trients or Recent Residents Where was disease contracted, Institutions, Trients or Recent Residents Where was disease contracted, Institutions, Trients or Recent Residents Where was disease contracted, Institutions, Trients or Recent Residents Where was disease contracted, Institutions, Trients or Recent Residents Where was disease contracted, Institutions, Trients or Recent Residents Where was disease contracted, Institutions, Trients or Recent Residents Where was disease contracted, Institutions, Trients or Recent Residents Where was disease contracted, Institutions, Trients or Recent Residents Where was disease contracted, Institutions, Trients or Recent Residents OF MOTHER OF MOTHE	9 BIRTHPLACE	Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address) MANUALLY *State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) At place of death yrs		13/3/801/00
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) May Leval 1921 Appendix Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) At place of death yrs. mos. ds. State yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAN OB REMOVAL May 3 , 193 20 UNDERTAKER ADDRESS ADDRESS	orac mornar	112 - Washlind
12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Markley above (Address) Markley above (Address) Filed 12 MAIDEN NAME OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) At place of death yrs. mos. ds. State yrs. mos. Where was disease contracted, if not at place of death? (Address) DATE OF BURIAL (Address) DATE OF BURIAL (Address) 15 Filed 16 May 3 , 193 20 UNDERTAKER ADDRESS ADDRESS	OF FATHER (State or country) OF FATHER	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether
At place of death	of MOTHER (11) Homen	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
(Informant) Orbille In man (Address) Markley about 1 Filed May 1 1921 Asper Lineal 20 UNDERTAKER Address	OF MOTHER /	At place In the
(Address) Markley about A DATE OF BURIAL OB REMOVAL DATE OF BURIAL May 3, 193 Filed May 1 19231 Jasker Lineal 20 UNDERTAKER ADDRESS		Where was disease contracted, Suitede, if not at place of death?
(Address) Markley about to appear to the state of Burian OB REMOVAL DATE OF BURIAL May 3, 193 15 Filed May 1 1921 Dasper Linear 20 UN DERTAKER 1 ADDRESS	One illa The mane	
Filed May 1 1921 Dasper Things There	(Address) Markley sburg Pa	
Registrar JIJI (JANUAN SON Somerful	Filed May 1 19201 Capell Linale	7/140 / / 0 0
If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		JIVI I PORTOCO TI COR STORE

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queslaborer, Spinner, (b) Cotton mill; (a) Solesmon, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. " etc., without more pressed nine, etc. Womborer, Farm laborer, Loborer—Coal mine, etc. Womborer, Farm laborer, to the Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). without more precise specification as Doy Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile foctory. The materia Grocery;

Statement of Cause of Death—Name, first, the Discrete Causing Death (the primary affection with respect to time and causation), using always the same accepted the ed term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospital spinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonoeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senlle," etc.), "Dropsy,"
"E.haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, (secondary retanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY approved by Committee on Nomenclature (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railwoy troin-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi or intercurrent) affection need Example: Measles (disease not be

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

M)	TYSI-		PLACE OF DEATH
	\ŽŽ		County Garrell
	99.		
_	75	37:1	lage or City Blooming ton (No.
)RE	AC lass te:	VII	lage or City
CORD	EX Iy c		2 FULL NAME Quine Captola
0	be stated EXACTLY, PHYSI- be properly classified. Exact ck of certificate.	=	PERSONAL AND STATISTICAL PARTICULARS
LN	sta pro of c	3 5	A COLOR OR RACE 5 SINGLE. 7.
	be be	-	MARRIED, WIDOWED,
MA	ald be lay be back	1	male White OR DIVORCED (Write the word)
ER	ACE should that it may stlons on bac	6 1	DATE OF BIRTH
1	at i		aug 10, 1894
X (0	AC th office	-	(Month) (Day) (Year)
. IS	so sruc	//	l dayhrs.
H	supplied. ACE s n terms so that I See instructions		37 yrs. 7 mos. 28 ds. or min.
1	upi ter ee	10	CCUPATION 1) Trade, profession or
XX	ain S		articular kind of work O General nature of industry
	ful ant	b	usiness, or establishment in
Z	are H ir	_	rhich employed or (employer)
VITH UNFADING INKTHIS IS A PERMA NT	be carefull EATH in pla important.	9 1	(State or country)
N	F DE	-	10 NAME OF
7	Nou Ve		FATHER Q. M. Duckworth.
İ	SEO	TS	OF FATHER
	CAUS	RENT	(State or country) Out (www '
3	10	PAR	OF MOTHER Maitha S. Smith.
Ā	state CCUP		13 BIRTHPLACE
H	d so		(State or Country) Oout A grow
WRITE PL	O E O	14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
H	sh		(Informant) Gelmon Thechnell
WR	<i>v</i>) ←		Re mal
	Every item CIANS sho statement	_	(Address) / Stooming 100
-	Ī	15	Filed April 9 1923/ Doney Cattinen
T	8	-	// Registrar

04650

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Tichnel	St.:	Ward)	a hospital tion, give It	occurred in or institu- s NAME in- street and
MEDICA	L CERTIF	ICATE OF	FDEATH	
			(Day)	
that I fast saw h	alive on	17		, 193,
The CAUSE OF DEATH	* was as f	ollows:		
Contributory Secondary Signed) 1921	yoea	ndiel	Jusy Jusy	fring
*State the Dise Violent Causes, state Accidental, Suicidal or	ase Causin	g Death,	or, Cin deat	hs from

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of deathyrsmosds.	In the Stateyrsmosd
Where was disease contracted,	

Former or

usual residence

19	PLAGE	OF	BURI	AL	OR	REMOVAL	
2	rech	in	uce	C	en	REMOVAL	h

DATE OF BURIA PORESS

20 UNDERTAKER

egistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseer," etc., tion applies to each and every person, irrespective of whatever, write Nonc. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, oborer, Foreman, or At Home, and children, not gainfully ein-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Form laborer, (b) Cotton mill; (a) Salcsman. without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Loborer-Cool mine, etc. Locomolive (4) The quesengineer, Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-X EA. I CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by diseases resulting from ehildbirth or miscarriage as "Puerperal septicacnita," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite discase "Debility" ("Congenital," atie), "Atrophy," "Collapse," "Coma," "Convulsions, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association. approved by (Recommendations on statement of cause of lelanus) may be stated under the head of "contributory." as fracture of skull, and eonsequences (e. g., scpsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State eause for which surgical operation was underean be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Committee on Nomenclature of the Chronic etc. volvulor heart The contributory Always qualify all disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04664
1. PLACE OF DEATH	82-2
County Darrigh 60	Registration Dist. No. 7 166
Village or City Oakland	No. & The St. Ward
Length of residence in city or town where death occurred 39 yrs 10 mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ## ds. How long in U.S. if of foreign birth? wrs mos ds.
2. FULL NAME Sophronia, Emil	y destake
(a) Residence: No.	St., & Theward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLORDOR RACE S. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH April 38" (Year) (Year)
5a. tf married, widowed, or divorced HUSBAND of (or) WIFE of Hank Hank	22. / I HEREBY CERTIFY, That I attended deceased from
Sugar 14 18 74	1951 1951 1951 AT 1951
6. DATE OF BIRTH (month, dey, and year) Corne 14 / Y / 2 7. AGE Years Months Days If LESS than	14 A O , I S S AIU
55 10 14 1 day, hrs.	to have occurred on the date stated above, at 132 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade protocolon or particular	were as follows: Date of onset
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Ocrebral hemorrhage
9. Industry or business in which	Olleral nemorinage
work wes done, as SILK MILL, SAW MILL, BANK, etc	
10: Date deceased last worked at this occupation (month and spant in this	
year) gcaupation	Ohn Conding C
12. BIRTHPLACE (city or town) Parrett 4 - M	Other Contributory Causes of importance:
(State or country)	
13. NAME Beckwith a Shrout	
14. BIRTHPLACE (city or town) Nardy 60. 9202.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? 22
15. MAIDEN NAME & muly Shrout	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Sarrett a, md	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT BRANCH	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Outeline Close ages 30, 1931	Neture of injury
19. UNDERTAKER Entroy Bolging (Address)	24. Wes disease or injury in eny way related to occupation of deceased?
20. FILED 4 29/, 1931 Julia Powar Registrar.	(Signed) A. W. M. D. (Address) Walland M.D.
	(Address)
	, 0 110. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- /3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	9	Example II	
The principal cause of death and related/causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 4	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	X /		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

See letter from Dr "Clarke" authorizing drunge in age-